

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2005 8:00 am
Secretary of State

04-18-2005 90291 003 ***150.00

DOCUMENT # P93000079537

1. Entity Name
 CRYSTAL LITE INDUSTRIES, INC.



Principal Place of Business: 1440 NORTH FEDERAL HIGHWAY DELRAY BEACH, FL 33483

Mailing Address: 1440 NORTH FEDERAL HIGHWAY DELRAY BEACH, FL 33483

2. 1405 N. Congress Avenue Suite 8 Delray Beach, Fl. 33445

3. Mailing Address: 1405 N. Congress Avenue Suite 8 Delray Beach, Fl. 33445



02222005 Chg-P CR2E034 (10/03)

4. FEE Number: 65-0472487

5. Certificate of Status Desired: \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent: WALDEN & ASSOCIATES, CPA P.A. SANCTUARY CENTRE 4800 N FEDERAL HWY., STE. A-301 BOCA RATON, FL 33431

7. Name and Address of New Registered Agent: (Name, Street Address, City, Zip Code)

I, the above named entity, submit this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept, the obligations of registered agent.

SIGNATURE: _____ DATE: _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00

8. Election Campaign Financing Trust Fund Contribution: \$5.00 may be Added to Fees

100. OFFICERS AND DIRECTORS		101. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 111	
TITLE: P NAME: WONG, RICHARD STREET ADDRESS: 1440 NORTH FEDERAL HIGHWAY CITY-STATE-ZIP: DELRAY BEACH, FL 33483	<input checked="" type="checkbox"/> Delete	TITLE: Richard, Rubin, Sr NAME: 1405 N. Congress Avenue STREET ADDRESS: Suite 8 CITY-STATE-ZIP: Delray Beach, Fl. 33445	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-STATE-ZIP: _____	<input type="checkbox"/> Delete	TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-STATE-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-STATE-ZIP: _____	<input type="checkbox"/> Delete	TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-STATE-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-STATE-ZIP: _____	<input type="checkbox"/> Delete	TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-STATE-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition

102. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 1119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 687, Florida Statutes; and that my name appears in Block 100 or Block 111 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]* DATE: 4/7/05

330-8742